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Report of the Committee on Practical Medicine. By SAMUEL THOMPSON, M.D., of Albion, Edwards County, Ill. Presented to the State Medical Society.

The Committee on Practical Medicine and Epidemics, of the Illinois State Medical Society, appointed in June, 1855, submit the following imperfect report:—

Under any circumstances the duties of this committee are arduous and perplexing; but, in the present instance, that difficulty has been greatly enhanced by the unfortunate delay in publishing the Transactions of the Society for last year: so that your committee were ignorant of the duties expected of them till the latter end of March. A question even arose to part of them, whether *any* report could be attempted; but it was considered, that, though no "specific pledge," had been given, a report of some kind should be forthcoming—that an understood pledge was always in existence, that members of this Society, to whom duties are delegated, shall, one or other of them, to the best of their abilities, perform the duties required. Therefore, upon receiving notice of appointment, circulars were printed and forwarded to various members of the profession in different parts of the State, soliciting facts and information. But, as in 1851, we did not receive fifty replies to hundreds of circulars; and, as in 1855, the committee (Dr. Roe, chairman) state that they received *a few, a very few replies*: so it has been this present year, we have received but

six letters, and are, therefore, in our report, confined to the materials furnished by these six gentlemen—to what the medical journals supply—and to the personal experience of your committee. And here we must remark, that, while grateful to those gentlemen for *any* assistance, yet there is a sad deficiency in some of their reports of those details, of which *alone* sound statistics can be formed, and upon which statistics *only*, so formed, sound deductions can be based: and we presume it is not claiming too high an object for the reports of the various committees appointed by this Society to assume, that they are intended to be, and ought to be, *our State's contributions* to the wealth of our profession.

Now, when we can scarcely open a volume of periodical or systematic medical literature without finding such diversities of opinion in reference to the *one* subject of typhoid fever alone, as actually to render its absolute identification a matter of no small difficulty; when, in reference to its diagnosis, the most eminent and experienced in our profession disagree, or, to use the words of Prof. Davis, "there is no agreement among writers as to what shall be called typhoid fever," (see *N. W. Journal*, Nov., 1853, p. 451;) and when the first question a man asks himself, when reading an article under that caption, is, Well, but what does the writer understand by the term? when such is the condition of the professional mind, it becomes doubly important that our records should not be of typhoid fever, (we name typhoid fever only as an example,) for it is a name that defines nothing, but of certain symptoms, conditions, and effects, constituting the disease we so define. Thus, by collecting from many quarters the many descriptions of a disease occurring in many places, we should find out whether we were all really talking about the same thing, or of *various* disorders under one common name. Hence, was the question in our circular worded—"Has typhoid fever occurred in your neighborhood?—Describe what were the symptoms and treatment." We considered that many descriptions, from many distant places, would, by comparison, have shewn the identity or diversity of the things spoken of. But one gentleman, who has supplied quite an important contribution to this report, says "typhoid fever occurred here quite malignantly in the year

1848, &c.," and goes on to give the *treatment*. But, your committee had hoped to have collected facts—not opinions; details—not conclusions. The celebrated John Armstrong asserted, that there were more false facts than false theories in medicine; and we believe it: and there is no doubt but that loose observations, careless records, and careless generalizations can lead to nothing but error. But it is careful observations recorded, not remembered, that are needed as contributions to medical science. It is very true, that it is very difficult for a physician, in daily, laborious, and extensive practice to examine carefully, amid all the noises and confusion of a country log-cabin, with the cooking, and creaking, and squealing around, and as difficult to record carefully such observations when made; but they are necessary, and will well repay the labor. And, now, having let off our ill-humor in scolding, and admonition, and advice, *all* unpalatable doses, we will endeavor to arrange into something like form the scanty materials we have before us.

We begin with that class of diseases which, upon the democratic principle of the rights of majorities, has a right to precedence, namely, Periodic Fevers, which appear to have been more extensively prevalent during 1855 than at any previous period. Dr. Harris, of Ottawa, states, that by far the most usual diseases in his vicinity are those of a malarious origin, including remittents, intermittents, and pernicious fevers, and occurring chiefly during the months of August, September, October, and November; but that, during the last two years, they have occurred at all seasons of the year, especially during the past winter. He places his chief dependence in the treatment on quinine, though occasionally cases occurred which would not yield to quinine, and in these cases he has been in the habit of combining several anti-periodics, as follows:—Quinine, salacine, bebeerine, piperine, sulph. zinci, aa, gr. x., in pills x., one every two hours; to be repeated in some cases the next day. He prefers giving quinine in solution, thus:—Quinine, ℥j.; morph. sulph., gr. j.; acid sulph. aro., 9, s.; syrup rhei. comp. 3j.; a teaspoonful every two hours. Dr. Vincenz, of Millstadt, St. Clair County, reports that the months of August, September, and October constitute their sickly season.

That the diseases are intermittent or remittent fevers, with more or less of bilious symptoms; that happily they are very amenable to the following treatment:—Calomel, gr. x.; vel ℞j., and rhubarb or jalap the same quantities; followed, if necessary, by castor oil, frequent sponging with cold water, till the dry, hot skin gets cool, soft, and moist. In the morning, at two or three o'clock, he gives quinine, gr. vi., and repeats every two hours till three doses are taken. He prefers giving the quinine thus early in the morning, because that usually, even in continued fevers, there is some abatement of febrile symptoms at that time; but, nevertheless, considers it perfectly safe to give the quinine at any time, if desirable, *provided* cold water is at the same time applied liberally both externally and internally. In some cases he prefers administering an emetic before the purgative powder. He remarks also upon the liability to relapses, upon any fatigue or indiscretion, about the tenth or twelfth days; and in such cases he gives from 6 to 9 grs. quinine at bedtime, a week after the fever has been broken, and repeats it at intervals of a week for three or four times. He also confirms the opinion, that a greater number of cases of periodic fevers occurred last year than he has known during a residence in Millstadt of eleven years. Connected with the unusual prevalence of periodic diseases last year, we had anticipated much interesting information and instructive details from our correspondent at Vandalia (Dr. F. B. Haller); but he briefly states: "The topography of our county is such as to indicate the diseases usually occurring in it, having the Okaw river extending through the centre, with a bottom, on an average, two miles wide, filled with lakes and lagoons, and always subject to inundation whenever we have a freshet; this produces bilious, remittent, intermittent, and congestive fevers, the most usual of which occur throughout the whole year, and to a great extent modifies all our diseases, and are the prevailing diseases through the summer and autumn months. They are much more common when we have a wet summer, and a dry, warm fall, and pretty much subside as cold weather sets in."

From Dr. H. R. Payne, of Marshall, Clark County, we have received a valuable paper, from which we shall levy considerable contributions. He says:—

"The most prevalent diseases we have, are those of a malarious origin, intermitting and remitting fevers. This, however, needs some qualification. The situation of Marshall is on an elevated ridge of what is called 'barren land,' on the east of us flows a stream some three miles distance, and the soil of the same character as the Wabash bottoms. This stream empties into the Wabash river east of us at its nearest approach to us. On our west, at a distance of three miles, flows another stream, the bottoms of which are also subject to overflow. Up to the last season, the persons living on the barren lands have enjoyed comparative immunity from intermittent or remittent fevers, the sickness being chiefly confined to the bottom lands by the streams just alluded to and to the Wabash bottom. Last season, however, the order of things was reversed. There was comparative immunity in the bottoms, but almost universal sickness on the barrens. We suffered probably less at Marshall than at any other point: both north and south of us nearly *every* family was attacked, and in many instances every member was prostrated. I ascribe this to the fact, that our town is situated on an elevated point; there being a gradual inclination in each direction the water was soon carried off, whilst in the other localities, possessing the same character of soil, the land was flat, allowing the water to stand and stagnate. The sickness broke out in the latter part of July, and continued without much cessation until the middle of November. The sickness I ascribe to the heavy rains, commencing in the early part of the spring season and continuing more or less up to the month of July: an unusual amount of vegetation sprung up, which readily decomposed, the heavy rains being followed by very warm, sultry days. The symptoms and cause varied but little from the symptoms of remitting and intermitting fever as they usually occur. The prognosis was in all cases favorable, with the exception of those cases complicated with typhoid symptoms; these complications occurring later in the season. The complication of typhoid symptoms made the disease much more formidable; and where it occurred in persons of a broken-down or debilitated constitution, made it still more unfavorable, proving fatal in several instances. One case, I have in view, was attacked with intermitting fever about the 10th October: he regarded it as nothing

serious, and hence paid but little attention to it, probably took a dose of purgative medicine. In about four days from the commencement of the intermitting fever, typhoid or nervous symptoms developed themselves, which proved fatal in some seven days. His constitution was much shattered by previous sickness; but I am well satisfied, had quinine and blue mass been given at the proper time, they would entirely have prevented the development of typhoid symptoms. After the disease had assumed this form, the following were the characteristic symptoms: tongue dry and red at tip and edges, with a yellow bilious coating closely adherent in the centre; pulse 130 at its height, easily compressed, but followed by slight remissions in the morning; delirium greatest during the exacerbation of the fever; great susceptibility to the action of purgative medicines, even blue mass, without it was combined with opium, was followed in four or five hours by copious offensive watery stools; subsultus tendinum commenced early and became violent as the disease advanced; hardness of hearing was prominent; late in the disease great distention of the bowels; epistaxis presented itself early in the disease before the typhoid symptoms set in. The patient sank into a stupor from which he could not be aroused, and died on the morning of the eighth day from the time the typhoid symptoms first presented themselves."

A number of other cases, in the hands of different practitioners, proved fatal with the same symptoms.

"The prognosis in such cases was always unfavorable; but there were a number of cases, occurring in more vigorous persons, the majority recovering. The proportion of deaths, including all these cases, from what I can learn, is about 1 in every 6 or 7. Of the purely *bilious* forms of fever, there were no deaths; these cases were mostly arrested in from three to seven days by the use of calomel or blue mass, followed by quinine during the intermission. Those cases complicated with *decided* typhoid symptoms, required a different treatment. Calomel was given in smaller doses and combined with opium; quinine was also administered more for its *tonic* effect, as it utterly failed in *every* case in which it was given to break up or cut short the disease. The treatment was upon the whole expectant, varying but little from the course recommended by Dr. Wood in his

article on Enteric or Typhoid Fever. Of the congestive form of fever there occurred in my practice several cases; all of these recovered: the basis of treatment was calomel and quinine; external applications, such as mustard to the spine and extremities, were used to restore reaction, and, where required, internal stimulants were administered.

Dr. McBane, of Metropolis City, in a very brief letter, (and from a man of his experience we ought to have received much valuable information,) states, that chill and fever, ague, &c., usually prevail in the marshy districts during the last four fall months, but that in the past season they continued till March last, and are rarely fatal. That, "after all extreme changes from hot to cold, we have many cases of congestive chills and fevers, often terminating in typhoid pneumonia, if not fatally." Of the treatment, or the special symptoms, he says nothing.

From Dr. Nance, of Lafayette, Stark County, we have received a very copious and valuable paper, which we append to this report. He states, that in his neighborhood, (refer to the topography in his letter,) during the latter part of summer and all autumn, miasmatic diseases prevail most extensively, consisting of intermittents and remittents, and some cases of congestive fever, and pernicious intermittents. That he considers the character of the previous weather determines the class of sickness; that frequent showers, followed by hot sunshine, if the weather has been previously dry, seem to develop periodic disorder; and that he is confident that these diseases have not prevailed in the same ratio since 1846, when the type was very analagous. That in both years he adopted pretty much the same treatment, to-wit: mercury and quinine, with the difference that this year he also gave a fair trial to the *Sulphate of Cinchonæ*, and is satisfied that it possesses many, if not equal advantages with the quinine. That, in 1855, complications but rarely occurred; while, in 1854, nearly all intermittents were complicated with diarrhœa. The Doctor does not say what was the usual condition of the alvine discharges during the past season, but he remarks that the prognosis was usually favorable and no sequelæ; but that relapses were frequent, without a continuation for 14 or 21 days of the quinine or the cinchonæ, and even then an occasional relapse

occurred. We like the plan of Dr. Vincenz better. But it might, we think, fairly be asked, were these returns of the same disease always to be considered as relapses, seeing that the individuals were all the time exposed to the same causes which produced the first attack? We confess we doubt it.

The only information in regard to periodical fevers in Chicago, during the past season, we find in Prof. Davis' very able and valuable report to the Cook County Medical Society, in October last, upon the Sanitary Characteristics of Chicago. Therein he remarks, "That attacks of ordinary intermittent and remittent fevers have been more frequent during the month of September than for several years past." We suppose, therefore, Chicago, to a great extent, escaped the general endemic influence.

Under this head, we presume, should also be noticed an article in the *North-Western Journal* for January, 1856, by A. E. Goodwin, M.D., of Rockford, Ill., upon Intermittents and their Remedies; and while, with the editors of that journal, we are pleased to see attention directed to our indigenous medical botany; and while we fully coincide in the author's detestation of hobbyism, we confess we cannot hear our old friend Quinine so disrespectfully treated without speaking up in his defence. For ourselves, we are bound to say, that he is a good and trusty friend who never fails to do good service whenever he is applied to under proper circumstances. That it would be very desirable to find some other friends as good and trustworthy, we cheerfully admit: but to say, that, so far as has yet been proved, "There are *equally as good* and *better* remedies than cinchona or its alkaloids, for fever and ague;" "that it is not the specific par excellence; that we have indigenous remedies far preferable as a curative, as feasible preparations, and at less expense;" "that quinine will stop the chill, but that other remedies are more certain and reliable:"—to such statements we must beg to demur, and to express our fear that Dr. Goodwin in avoiding one hobby has mounted another, and one that looks very much as if it had been kept in the stable of an eclectic steamer. As regards the articles enumerated in his paper, we presume there are few of the profession in the West but who are acquainted with them, and who, while admitting their tonic

properties, and in some degree their antiperiodic powers, are fully aware of one great objection to their use, viz.: the bulk such preparations occupy, and the difficulty therefore in many cases of administering them, where the patient is fastidious or where nausea exists, besides the uncertainty of the strength of any given parcel. As regards salacine, we have, during the past summer, tried it in several cases, but were greatly disappointed, while the large quantity required rendered its administration inconvenient. The decoction of hickory, willow, and dogwood barks, and sometimes even with the addition of whisky, (not having the fear of our friend Dr. Davis before our eyes,) has been a common recommendation of the Chairman of this Committee for many years past, as a prophylactic in the fall season, for persons living on low overflowed lands, or in their vicinity. As regards another remedy, to which attention has only recently been much directed, viz., the sulph. cinchonæ, we are pleased to be able to confirm the testimony of Dr. Nance, of Lafayette, already quoted. We tried it, during the past fall and spring, in several cases, with successful results; and though our experience, so far, would not lead us to ascribe to it the same power as an antiperiodic, or the same sedative effects upon the vascular system that quinine possesses, yet it has the advantage of not producing such unpleasant cerebral sensations, is cheaper, and, therefore, where a tonic of this class is required, especially as a prophylactic, we consider it deserving of preference. We have generally administered it according to the following formula, derived from a paper in the *American Journal of Medical Sciences*, for January, 1856, page 269 to 275; it is the same used at the Philadelphia Dispensary, by Dr. George Martin, and is as follows:—Sulph. cinchonæ, grs. xxxij.; tinct. ferri murf, 3 ss.; aquæ, 3 iv.; to this we added about 10 drops muriatic acid, and generally 1 grain muriate of morphia, directing a large tablespoonful to be given in water three times a day to an adult—the combination of the chalybeate doubtless adding greatly to its virtues when used as a preventive of relapse.

And now, in regard to the statistics and experience of the past season in Periodic Diseases, your committee have access to but one other source, viz., the Chairman's own notes: these for

simplicity's sake have been tabulated. They begin on 1st Jan., 1855, and to avoid fresh numbering throughout we will take them from the beginning, as indeed they include only 11 cases of periodic disease prior to 7th June last. We proposed at first to have copied into this report the symptoms and treatment of each case, but finding that would have doubled the bulk of what is anyhow a voluminous document, we have merely noted the prominent peculiar symptoms; and the general tenor of treatment alone is given in a few lines at the end. The object of constructing this table was to present for future reference a fair picture of the ages and sex of those attacked, with the type of disease and its tendencies, the liability to relapse, and the results of treatment. Could we also have supplied, as Dr. Davis has done, accurate meteorological records to accompany it, its value we think would have been considerable. It is rarely such an opportunity presents for observing this class of diseases as was presented last year; and though not generally regarded as a grave disease, we all know how soon, by neglect or mismanagement, it may pass into one of the most fatal destroyers of human life. To place, therefore, on file the statistics of its operations in a large number of cases, we have thought desirable. These tables comprise 356 cases of intermittent, remittent, congestive, and pernicious fevers, treated between 1st Jan. 1855, and 17th May, 1856. We would remark, that, in some few cases, the ages have been presumed from personal knowledge, but cannot be far from the truth. In some other cases, the type and the sex were omitted in the notes: these cases must go for what they are worth. Three patients died:—cases 53 and 153 succumbed the night after prescription; the first would not take *any* medicine; the other was dead when the messenger got back with the medicine—case 111 died in two days after first seen; she had been sick many days under the tender mercies of quacks.

In some of the systematic writers (see *Cyclopædia of Practical Medicine*, Art. Intermittent Fever,) it is stated, that the paroxysm of quotidian is early in the morning. These tables will show the error of this opinion. Again—it is the opinion of my colleague, Dr. Harris, and of many others, “that our fevers gradually assume a graver type from September to January,”

but that they *all* belong to the Periodic family. Will these tedious tables support this view? The gravest cases and the most protracted, with one or two exceptions, occurred in September and October; whilst in November, December, and January, &c., the cases were mostly simple intermittents—relapses in many cases, and soon dismissed. Another fact is presented, that sometimes, for many days, all the cases would be of one type and then change, nearly every case for some days after presenting another type. Occasionally, chiefly females were attacked; again, at another time, it was males that were the sufferers. We do not attempt to speculate on the causes of these diversities—till we extracted the cases into these tables, we had not recognized these facts ourselves.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
1	Jan. 1,	3	male	tertian	chill in morning.
2	13	3		quotidian	remittent at 4 P.M., costive.
3	16	3	female	"	" delirium during fever, costive.
4	16	9	female	tertian	intermittent, relapse was quotidian. Tongue red at edges.
5	17, 18	3	female	irregular	remittent, fever all the time, skin hot, face flushed, pulse 140.
6	Jan. 28, and Feb. 5	26	female	irregular	had remittent fever all last summer; is anæmic, anasarcaous, urine scanty, has cough, is faint and chilly, costive.
7	March 24	35	female	quotidian	sun pain.
8	April 2	60	"	"	chills, with catarrh.
9	9	24	"	d'uble tertian	tremblings and pains in bones twice in 24 hours.
10	9	30	"	quotidian	chills.
11	May 26, 29, & June 28, & Aug. 18.	16 mo.	male	"	chills, with dysentery, which during its several relapses became a white diarrhœa.
12	June 7	60	female	quotidian	chill, intense pain in right side of abdomen, with syncope.
13	June 6, 11	2½	female	quotidian	chills, diarrhœa.
14	July 2	30	"	"	had chills for months, been under quacks, is asthmatic and anæmic.
15	5, 6, 8	60	female	quotidian	remittent, with great intestinal irritation and prostration, costive.
16	5, 6, 8	62	male	tertian	intermittent, breath fetid, quacking.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
17	July 10	25	female	quotidian	remittent, diarrhœa, stools lead-colored, has a congestive tendency, anæmic.
18	12	55	female	quotidian	remittent, habitually costive.
19	16, 17	4 mo.	female	"	intermittent, green diarrhœa.
20	17	35	male	"	"
21	20	16 mo.	"	"	" vomiting, diarrhœa.
22	19	4	female	tertian	remittent
23	20, 22	25	male	"	intermittent
24	21	4	female	quotidian	remittent, cold clammy sweats, hemorrhage from bowels and nose, diarrhœa.
25	23	84	female	quotidian	intermittent, congestive epilepsy during chill.
26	27	14	male	tertian	remittent.
27	30, and Aug. 4, 5	48	"	quotidian	remittent, with neuralgia of skin, and sciatic nerve.
28	July 30	18	female	tertian	intermittent.
29	July 30, and Aug. 1, 8	45	"	"	remittent.
30	July 31	50	male	"	" congestive tendency.
31	Aug. 2, 5	40	"	"	" chills aggravating.
32	Aug. 2, 3, 4, 5, 6, 7, 8, 9, 10, 12	40	"	quotidian	intermittent, pernicious, hemorrhage from bowels.
33	Aug. 2, 4	12	"	quotidian	intermittent.
34	3, 5, 8, 9	18 mo.	female	"	" diarrhœa.
35	3, 4	4	"	"	remittent, costive.
36	4, 5, 6, 7	35	male	"	intermittent; chill, fever, and sweat all at once; vomits bile.
37	Aug. 4, 5, 6, 7, 8, 9, 10, 11,	10	male	"	intermittent, general anasarca.
38	Aug. 4, 5	5	male	quotidian	intermittent, congestive stupor.
39	Aug. 7, 8, 9, 10	9	"	"	intermittent, diarrhœa.
40	Aug. 3, 4, 5, 6, 9	12	"	"	remittent, costive.
41	Aug. 5	45	female	quotidian	intermittent, pregnant.
42	6	25	"	tertian	" relapse 17.
43	6	2	"	"	" diarrhœa.
44	6	25	"	"	"
45	6, 7, 8	55	"	quotidian	intermittent, chills protracted, fever and sweat slight, pain in hypogastrium.
46	7	32	male	quotidian	remittent, shiverings alternating with fever all day.
47	7, 16	2 wks.	"	"	remittent, cholera infantum.
48	8	20	male	"	remittent.
49	9, 10, 12	25	"	"	intermittent, chills very protracted and anticipating fever very high, very little sweat, vomiting.
50	9, 10, 12	24	female	quotidian.	intermittent
51	9, 10, 12	4	"	"	"
52	9	4	male	"	" cholera infantum.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
53	Aug. 12	80	male	quotidian.	intermittent, sick a week, this morning chill, fever and sweat all at once, dysentery, intense abdominal pain, <i>died at night.</i>
54	Aug. 12, 13, 15, 17	50	male	tertian	intermittent, but after first chill they became indistinct; fever gradually came on about 4 P.M., pain in abdomen; stools like cholera, mixed with blood; intense pain in head.
55	Aug. 13, 15	40	female	quotidian	intermittent, costive, icterode, vomiting.
56	13	21	"	"	remittent, choleraic symptoms.
57	13	20	"	"	intermittent, faintness during chills.
58	Aug. 14, 15, 16, 17	10	"	"	congestive remittent, skin hot and sweaty, shivering and high fever; stools dark, with much venous blood.
59	15	24	female	quotidian	remittent, shivering and high fever.
60	15	25	"	"	remittent, shivering and high fever, vertigo.
61	15	28	male	"	remittent, shivering and high fever.
62	16, 19	60	female	tertian	intermittent, intense pain in toes during chill.
63	16, 19	20	"	quotidian	remittent, diarrhoea, hands cold all the time.
64	16	28	male	tertian	intermittent.
65	18, 19	3	"	"	" diarrhoea.
66	18	45	"	quotidian	"
67	22	40	"	irregular	remittent.
68	Aug. 22, 23, 24, 25, 26	54	female		first chill on 21st, fever and pain in stomach continues.
69	Aug. 31 and Sep. 6, 13, and Oct. 23	26	"	tertian	intermittent, got wet on back in a shower. Paralysis of right side came on, been so about a month.
70	Aug. 31 and Sep. 1, 2, 3	45	male	quotidian	remittent, has chills first, then fever gets more continuous, abdominal pulsations, intense frontal headache, and pain in hypochondria.
71	Aug. 31 and Sep. 1, 2	30	male	quotidian	remittent, skin hot and sweaty, but is shivering, bowels torpid, pulse very small and weak.
72	Aug. 31 and Sep. 1, 2, 17, 18, 20	5	male	quotidian	intermittent chill at noon, with convulsions; has enormous head.
73	Aug. 31, Sep. 1, 2, 3, 22, 24	4	female	quotidian	intermittent, costive.
74	Aug. 31, Sep. 1, 2, 3, 22, 24	4	female	quotidian	intermittent, diarrhoea.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
75	Sep. 4	40	female	quotidian	intermittent, colicky diarrhoea with blood, been sick two weeks.
76	Sep. 5, 6, 7, 8, 10, 11, 13, Oct. 21	40	female	quotidian	intermittent, pernicious; chill of morning, becomes numb, cold, speechless, almost pulseless, then fever and sweat come together. Is suckling.
77	Sep. 6		male		chills, fever, headache.
78	6		female		" " "
79	6, 7, 8	18	"	quotidian	remittent; fever, and sweat, and shivering all the time; small weak pulse, and faintness.
80	Sep. 7, 8, 10	28	female	quotidian	remittent, fever and diarrhoea.
81	9, 11, 12	48	male	"	remittent, fever all the time, sweat and chilly.
82	9, 11, 12	8	"	1st chill	cold nearly all the time, stupor, stools like milksick.
83	9, 11	6 mo.	female	quotidian	intermittent, chills anticipating.
84	9, 11	25	"	tertian	intermittent, <i>relapse of 42.</i>
85	8, 9, 10	17	"	"	" becoming remittent.
86	10	32	"	quotidian	remittent, stools black, quackery.
87	11	10	male	"	intermittent.
88	11	8	"	"	remittent.
89	12	45	"	"	intermittent.
90	14, 20	68	"	"	"
91	14, 17	14	female	"	"
92	15	15	male	"	" has been tertian.
93	16	9	female	tertian	"
94	Sep. 16, 17, 18, 20	37	male	quotidian	remittent, fever aggravating; stools dark, offensive, like milksick.
95	Sep. 16, 17, 18, 20	28	female	quotidian	remittent, fever aggravating; stools dark, offensive, like milksick.
96	Sep. 17, 18, 20, 25, 26	17	male	1st chill	remittent, shiverings, headache, sweats, fever, and bloody diarrhoea.
97	Sep. 25, 26	45	male	1st chill	remittent, shiverings, headache, sweats, fever, and bloody diarrhoea.
98	17, 18, 20	21	"	tertian	remittent, fever, headache, diarrhoea, sick a week.
99	18	25	"	quotidian	remittent, shiverings, pain in stomach and bones.
100	19		child		remittent, fever and sweats, chill not noticed.
101	19		"		remittent, fever and sweats, chill not noticed.
102	19	44	male	irregular.	remittent, at first no recognized chill, but had pain in left shoulder at certain hour, then fever, stools black and offensive, been sick 6 weeks.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
103	Sep. 19	32	female	tertian	remittent.
104	19	8	male	"	intermittent.
106	19	40	"	quotidian	remittent, shiverings, fever and sweats, intense headache, stools black.
106	19	12	male	quotidian	remittent, shiverings, fever and sweats, intense headache, stools black, anemic.
107	21	42	female	quotidian	intermittent.
108	21, 22	2 wks.	male	"	remittent.
109	21, 22	8	female	"	remittent, intense headache, then fever, hot and dry skin, hands and feet cold all the time, stools dark.
110	21, 22	6	female	quotidian	remittent, intense fever, flushed face, chill, heavy sleep, dark scanty stools.
111	Sep. 22, 23, 25	56	female		sick two weeks under quacks, taken with headache, chills, fever; now skin not very hot, has bloody involuntary diarrhoea, gangrene of skin on chest from blister.
112	23	15	male		chill and high fever.
113	23	20	"	quotidian	remittent, sick a week, taken with headache, no chill observed, bowels open.
114	23	14	male	quotidian	intermittent.
115	23	20	female	"	"
116	23	2	"	"	"
117	24	25	"	tertian	"
118	24, 26	48	male	quotidian	remittent, headache, shiverings, vomiting, costive.
119	24, 26	45	female	quotidian	remittent, neuralgia of right leg and thigh, worst at 2 p.m.
120	24	10	male	quotidian	intermittent, becoming remittent.
121	24	46	"	tertian	intermittent.
122	24	17	"	"	"
123	Sep. 24, 25, 26, 27, 28, 29, 30	7	"	irregular	remittent, sick a week, quacked; taken with headache and high fever, at times hands, arms, legs, and feet cold for hours.
124	Sep. 24, 25	35	male	quotidian	remittent.
125	25	18	"	tertian	intermittent, been quacking.
126	25	14	"	quotidian	intermittent, been quacking.
127	26	16	female	"	intermittent.
128	Sep. 26, 27, 28, 29, 30, Oct. 2, 5, 9, 10, 13, 14, 15, 17, 18, 19, 20	30	male	irregular	remittent, under quack for 12 days, has diarrhoea, dysphagia, fever, stupor, sleeplessness.
129	Sep. 28	48	male	quotidian	intermittent.
130	28	15	female	"	"
131	28	12	"	tertian	"

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
132	Sep. 28, 29, 30	40	female	quotidian	remittent, aborted week before, flooding returns with each chill.
133	Sep. 28, 29, 30	12	male	tertian	intermittent.
134	28, 29, 30	10	"	"	remittent, chills obscure, incoherence.
135	Sep. 29, 30, and Oct. 1, 2	60	female	"	intermittent, pernicious, giddiness, incoherence.
136	Sep. 30 and Oct. 1		boy	tertian	intermittent.
137	Sep. 30, 31	26	male	began quotidian	remittent, now irregular, shivering, fever, bronchitis, costive.
138	30	14	"	quotidian	remittent.
139	Sep. 30 and Oct. 1	21	female	tertian	remittent, fever, restlessness, vomits blood.
140	Sep. 30	20	male	tertian	intermittent.
141	30	22	female	"	"
142	Oct. 1	5	"	quotidian	"
143	1	12	male	"	" costive.
144	1	8	"	"	"
145	1, 2, 4	28	female	"	shiverings, aching in back and limbs, costive.
146	1, 2,	42	"	"	chills, vomiting, diarrhoea.
147	Oct. 3, 12, 13, 15	4½	"	"	intermittent, and on 12th epistaxis.
148	Oct. 3	48	"	"	remittent, costive.
149	3	8	"	"	intermittent, costive.
150	3, 4	34	male	"	remittent, 3d chill, fever very high, no sweat.
151	3, 4	29	female	tertian	chills, fever, diarrhoea.
152	3, 4	8	male	"	chills, fever, face flushed.
153	3	12	"	quotidian	intermittent, congestive, high fever, hot sweat, had fit and died in 3d chill.
154	4	10 wks		quotidian	intermittent.
155	4	6	female		chills, vomits.
156	4, 5	40	male		remittent, shiverings, fever, headache, pulse very small.
157	5, 6, 7	46	female	tertian	intermittent, 3d chill lasted 2½ hours, great epigastric oppression, retching, dysuria and dyspnoea, pulse small, skin cold.
158	Oct. 5, 6, 7, 8, 19	45	male	quotidian	remittent, pulse small, costive.
159	Oct. 6	6	female	"	chills, costive.
160	Oct. 6, 7, 9, 11, 16	36	male	"	remittent; fever, sweat, and chill mingled; costive.
161	Oct. 6, 7, 9, 11	25	female	"	sick since 3d, pulse weak, remittent.
162	Oct. 6	12	male	"	
163	7, 9	40	female		remittent, gastric oppression, dyspnoea.
164	7, 9	59	male	1st chill	on 7th, 8 A.M., lasted all day.
165	8	20	"		chills.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
166	Oct. 8	25	male	tertian	intermittent, great gastric oppression during chill.
167	8	33	"	"	remittent, nausea.
168	8, 10	18	"	tertian	intermittent, chill anticipating
169	8, 10	24	female	"	"
170	9	12	male	quotidian	remittent, belly tender, diarrhoea.
171	9	36	female	tertian	intermittent, menorrhagia with the chill.
172	10	12	"	"	chills.
173	Oct. 10, 11, 12, 13, 14, 16	35	male	quotidian	remittent, 1st chill on 6th, diarrhoea, great irritation of bladder.
174	Oct. 10, 11, 12, 13, 14, 16	33	female	"	remittent, nausea, faintness.
175	Oct. 10, 11, 14	40	male	quotidian	remittent, 1st chill on 8th, chill, fever, and sweat blended.
176	Oct. 10, 11	46	"	tertian	intermittent, profuse epistaxis.
177	10	31	"	"	remittent.
178	Oct. 11, 12, 14, 16	49	"	quotidian	remittent, shiverings, fever, sweats.
179	Oct. 11, 12, 14, 28	14	female	tertian	intermittent, costive.
180	Oct. 11, 12, 13, 14, 15, 19, 20	54	"	quotidian	remittent, 1st chill on 7th, no sweat.
181	Oct. 11, 12, 13, 14, 15, 19, 20	24	male	quotidian	intermittent, had 7 chills, anticipating.
182	Oct. 12	29	male	tertian	intermittent.
183	12	34	female	"	" costive.
184	12	10	male	"	" diarrhoea.
185	12	9	female	"	"
186	Oct. 13, 14, 15, 16, 17, 18, 20	43	"	quotidian <i>pernicious</i>	intermittent; had chills, aggravating for some time, on 12th chill lasted from 8 A.M. till 5 P.M.; vomiting and purging all the time, urine scanty, reaction very imperfect and accompanied with gluey sweat, stupor all the time, great dyspnoea.
187	Oct. 14, and Nov. 23, Dec. 7	23	male	tertian	intermittent.
188	Oct. 14, 16, 17, 28	52	"	quotidian	intermittent, 1st chill on 8th, lay in stupor for 2 days, on 28th relapse from overexertion, with chill, stupor, vomiting.
189	Oct. 14, 15, 17	51	male	quotidian	remittent, profuse diarrhoea.
190	Oct. 14, 15, 17	48	female	double quotidian	intermittent, intense headache, nausea.
191	Oct. 14, 15, 17	7	"	quotidian	intermittent, chills aggravating.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
192	Oct. 14, 15, 17	14	female	1st chill	
193	Oct. 15, 17,	3	"	quotidian	intermittent.
194	16, 27	27	"	tertian	remittent.
195	16	16	"	"	remittent.
196	16	24	"	quotidian	intermittent, chills aggravat'g
197	16	6	male	"	intermittent.
198	16	34	"	"	remittent.
199	Oct. 16, and Nov. 19	26	female	"	remittent.
200	Oct. 16	15	"	"	intermittent.
201	16, 17	28	"	"	remittent, costive.
202	16	26	male	"	intermittent.
203	16	19	female	"	intermittent.
204	17, 18	5	"	"	intermittent, vomiting.
205	17	3	male	tertian	intermittent.
206	17	12	"	"	intermittent.
207	17, 19	7	female	quotidian	remittent.
208	17, 19	4	"	"	intermittent.
209	17, 19	94	male	"	intermittent.
210	17	6		double tertian	intermittent, 11 A.M. one day, 2 P.M. other.
211	17, 20	60	female		remittent, vertigo, vomiting, been sick a month under quack.
212	Oct. 18, 19, 21, 24	24	male	quotidian	remittent, sick a month, 1st chill on 7th, diarrhoea with blood, vomits blood.
213	Oct. 18, 19, 21, 22, 23, 24, 25	40	female		remittent, had chill on 12th; under quacks.
214	Oct. 18, 20	18	male	quotidian	remittent, diarrhoea, vomiting, relapse.
215	18	25	male	quotidian	intermittent, chill anticipating three hours.
216	19	4	female	quotidian	intermittent, relapse.
217	19	10	*male	"	intermittent.
218	20	36	"	chill 3 weeks ago	remittent, constant pain in head, been quacking.
219	20	34	male	quotidian	intermittent.
220	20, 22	29	female	"	remittent, (confined 3 weeks ago,) chills aggravating, hysterical, anemic.
221	20, 22	5	female	quotidian	intermittent.
222	20, 22	2	male	"	intermittent.
223	20, 21	3	"	"	remittent, stupor, sick several weeks.
224	21	5	female		intermittent, been salivated.
225	21	3	male		remittent, stupor, fever, aching.
226	22, 21	40	female		remittent slight, diarrhoea. Relapse 76.
227	21	12	"	quotidian	intermittent.
228	Oct. 20, 23, 24, 25, 26, 27, 28, 29, 30	17	male	"	remittent, great gastric irritation.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
229	Oct. 22	3 wks.			intermittent.
230	23	20	female	quotidian	"
231	23	6 mo.	"	"	"
232	23	50	"	"	chill at night.
233	24	27	male	"	"
234	Oct. 24, 25, 26	40	"	"	remittent, chill 10 A.M., intense headache, fever all the time, sweat with the fever.
235	Oct. 25, 26, 27, 28, 29, 30	10	female		remittent, great enteric irritation, in same house as 228.
236	Oct. 26, 27, 28, 29, 30	49	male	quotidian	intermittent, stupor during fever, mental alienation during chill; on 29th, copious intestinal hemorrhage. Relapse, 178.
237	Oct. 26, 27, & Nov. 30	14	female	quotidian	intermittent, relapse 179.
238	Oct. 27 and Nov. 3	24	"	"	intermittent, diarrhoea and dysentery at daybreak each day. Relapse 181.
239	Oct. 27	24	female		intermittent, relapse 196.
240	28	33	male	quotidian	intermittent, chill 1 P.M. Relapse 167.
241	28	28	female	"	intermittent, chill at night.
242	Oct. 28, 29, 30, 31	23	male	tertian	remittent, chills anticipating, great intestinal irritation and prostration.
243	Oct. 28, 29, 30, 31	15	male	quotidian	remittent, sick in Chicago in July, now diarrhoea, pulse very weak.
244	Oct. 28, 29	40	female	quotidian	remittent, chills anticipating, vomits, sleepless.
245	28, 29, 30	25	"		remittent, diarrhoea, great prostration.
246	29	13	male		remittent, was intermittent; 1st chill on 25th.
247	30, 31	18	"	tertian	intermittent.
248	Nov. 4	26	"	"	intermittent.
249	Nov. 4, 5, 10	28	"		pernicious chill; pain commenced early on morning of 4th in right forefinger, extended up the arm and down the side and legs; <i>agony terrible</i> ; skin cool; pulse 50, very weak and <i>dropping</i> .
250	Nov. 5	15	female	irregular	intermittent.
251	5	17	"	quotidian	" chills anticipating.
252	5	3	"	"	" 4th chill.
253	Nov. 5, 7, 8, 25	35	male	"	remittent diarrhoea, vomits blood.
254	Nov. 6	5	female	"	intermittent.
255	6	19	male	tertian	"
256	6	8 mos.	"	"	"
257	6	28	female	quotidian	remittent.
258	7	3	"	double quartan	intermittent.
259	8	26	"	tertian	"

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
260	Nov. 11	8		quotidian	remittent, was ague.
261	Nov. 13, 26, & Dec. 11	18	male	tertian	intermittent, sick many weeks, quacking, chills delayed.
262	Nov. 13, 26, & Dec. 11	14	"	quotidian	intermittent, sick many weeks, quacking, anæmic, costive.
263	Nov. 13, 15, 26	50	"	irregular	intermittent, sick all summer under quacks.
264	Nov. 13	25	female		remittent, cough. Relapse 245.
265	14	26	"	tertian	intermittent, sick for months under quacks.
266	Nov. 15, 16, 17, 18	40	"		remittent, congestive, taken night of 14th with heaviness increasing to stupor, lays almost insensible, epigastric tenderness exquisite, pulse slow, costive, skin warm.
267	Nov. 17	24	female	tertian.	intermittent, relapse 169.
268	17	33	male	quotidian	intermittent.
269	17	15	female		intermittent, chills for 3 mos., costive.
270	Nov. 18, 19, 20, 21, 22, 23, 25	49	male	quotidian	remittent, stupor, passes urine involuntarily, incoherent; eyes wide open, stares, cos- tive. Relapse 236.
272	Nov. 23	54	female	quotidian	intermittent, diarrhœa.
273	23	6	"		"
274	24	7	"		"
275	24	35	female		"
276	24	8	"		"
277	26	24	"	quartan	"
278	Nov. 26, 27, 29, & Dec. 17	23	male	quotidian	remittent, on 17th Dec. epis- taxis. Relapse 242.
279	Nov. 29	9	female		intermittent.
280	29	7	"		"
281	29	4½	"	quotidian	" cerebral symp- toms.
282	29	4½	"	quotidian	intermittent.
283	29	23	male		"
284	Dec. 3	29	female	quotidian	" relapse 220.
285	10	13	male	tertian	intermittent; chill at first in morning, but got later and later, till they again began at 8 A.M.
286	Dec. 16	46	male	quotidian	intermittent, fever high, sweat profuse. Relapse 176.
287	18	35	"	tertian	intermittent, urine scalds. Relapse 253.
288	18	3	female	quotidian	intermittent, chills at uncer- tain hours, constant desire to urinate. Relapse 258.
289	18	29	female	tertian	intermittent; no chills, but dragging pains in left side, every other day. Relapse 265.

No.	Date, 1855.	Age.	Sex.	Type.	Remarks.
290	Dec. 20, 22, 24	31	male	tertian	intermittent for some weeks; got wet, and now has cough and spits blood while chill on.
291	Dec. 20, 22, 24, 25, 26, 28	35	male		remittent, costive, is consump- tive, on 25th got pneumonia.
292	Dec. 24	4½	female	quotidian	intermittent, relapse 281.
293	25	37	"		"
294	25	10	"		"
295	25	2	"		"
296	Dec. 26, 28, 30	49	male	quotidian.	intermittent, chill at night, convulsions with the chill. Relapse 270.
297	Dec. 28	23	male		intermittent, relapse 283.
298	30	14	female		" " 237.
299	30	20	"		"
300	31	14	male		" relapse 262.
1856.					
1	Jan. 1, 4, 9	19	male	irregular	intermittent, had chills for months, taken quinine, &c., in large quantities.
2	5	4½	female	quotidian	intermittent, relapse 292.
3	Jan. 13 and Feb. 2, 3, 9	23	male		intermittent, sick since 1st, slight chills, epistaxis. Re- lapse 278.
4	Jan. 23, 30, April 20	17	male	tertian	intermittent.
5	Jan. 23 and April 14	23	male	tertian	" relapse 297.
6	Jan. 23, 24, 26, 27, 28, 29, 30, 31, Feb. 1 to 20, and 22, March 2, 5, 6, 8	17	female		remitting, chills slight, pulse 100, tongue clean, abdomen tender, diarrhoea, stools yellow, grainy water. <i>Qy.</i> —Typhoid?
7	Jan. 27, 28, 29, 30, and Feb. 2	15	female		remittent.
8	Feb. 1	3½	female	quartan	intermittent, relapse 258.
9	6	4½	"	tertian	" relapse 281.
10	6	4½	"	"	" relapse 282.
11	9	15	"	quotidian	intermittent <i>at night</i> , amen- orrhoea.
12	9	13 mo.	male	tertian	intermittent, fever severe, diarrhoea, hands swollen and red.
13	18	25	"	quotidian	intermittent, costive.
14	Feb. 21, 25, 29	26	"	"	intermittent, pleurodynia, sick a long time under quacks, anæmic.
15	Feb. 21, 26	50	female	tertian	intermittent, sick all summer, ascites.
16	28	80	"	intermittent	intermittent, chills anticipa- ting.

No.	Date, 1856.	Age.	Sex.	Type.	Remarks.
17	Feb. 25	48	male		intermittent.
18	Feb. 26 and March 8	49	"		intermittent, relapse 296.
19	Feb. 26	14½	female		" " 298.
20	Mar. 8	55	"	quotidian	" chill 3 P.M.
21	3, 25	5	"	"	intermittent 8 A.M., costive, on 25th tertian.
22	3, 25	5	"	"	intermittent 5 A.M., diarrhœa, on 25th tertian.
23	9, 7, 13	10	"	"	intermittent, cough, costive.
24	9	49	male		"
25	11	9	"		"
26	16	10	female		"
27	17	6	"		"
28	18, 22	5	male	tertian	"
29	Mar. 19, Ap. 1	25	female	irregular	intermittent, had chills for months, been under several doctors, always costive.
30	Mar. 19	7	female	tertian	intermittent, periodic pains.
31	21	19	male	"	intermittent, delirium with the fever.
32	21	26	"		intermittent, relapse of 14, 1856.
33	26	70	"	tertian	intermittent.
34	27	18 mo.	"	"	intermittent, anticipating.
35	28	78	"	"	intermittent, great dyspnoea during chill.
36	30	37	"	"	intermittent.
37	30	49	"	"	intermittent, relapse 270.
38	31	9	"	quotidian	intermittent, anticipating. Re- lapse 25, 1856.
39	April 1	6	"	"	intermittent at 8 A.M.
40	3	child			intermittent.
41	4	8	female	tertian	remittent, began as intermit- tent.
42	4	2	"		intermittent, influenza.
43	5	38	male		intermittent.
44	7	19	"		intermittent, relapse 1, 1856.
45	10	4	"		intermittent, cerebral symp- toms.
46	12	12	"	quotidian	intermittent, chill 2 P.M.
47	12	7	"	"	intermittent, chill 4 P.M.
48	16, 21	28	female		intermittent.
49	19	24	male		"
50	24	3 mos.			"
51	25	18 "	"	quotidian	intermittent, anticipating.
52	29	4 yrs.	"	"	intermittent, chill 9 A.M.
53	May 1, 12	17	"	"	intermittent, relapse.
54	8, 13	17	female	quartan	remittent, costive, mennor- rhagia.
55	13	24	male	quotidian	intermittent.
56	17	30	female	double ter- tian	intermittent, influenza.

In cases 14, 15, 17, 18, 19, and 53, of 1856, the sulphate of cinchonæ was administered instead of quinine, and to our per-

fect satisfaction; indeed, we believe that when the object was to give something to prevent relapse, it seemed more efficient than the quinine itself. Our course though was generally to give quinine to arrest the chills, and then to prescribe the cinchonæ and iron to invigorate the system, so as to prevent a return. During our constant attendance upon the cases of this kind, which occurred during last summer and autumn, it did not appear to us that they were precisely of the character of ordinary intermittent. In a large number of cases the functional impression was much graver than is usually manifested in those complaints in this region of country; in cases of even a plain uncomplicated tertian intermittent, the patient felt sick all the intervening days. There appeared to be disposition, in a large number of cases, (as see tables) for the chills to anticipate their hour of return. While in some cases they became each day longer in their continuance. And, again, in other instances, the chill each day became more indistinct, while the fever was more severe and protracted. In the first class of cases, if neglected, the tendency was to run into what is called congestive chill. While under the second described symptoms, "congestive fever," as we would term it, or fever in which prostration and typhoid symptoms supervened, was apt to be the consequence. In quite a number of cases the whole paroxysm, chill fever and sweat, were jumbled or blended together, as occurred in our neighborhood in 1846 and 1847. In our experience, real rigors or shakes were rare during the past year, indeed, it was a common expression with the patient, "Dr., I don't believe this is the real ague I have got, it's not like anything I ever had before." There were a number of cases in which the chief complaint was of the great oppression of breathing, of "a load like a ton of iron on their stomachs," while a feeble pulse was an almost universal feature of the complaint. Again, the blending together, in some cases, of some of the symptoms of what is called milksickness with the more usual effects accompanying the fever, was an interesting circumstance, as in cases 82, 94, 95, 105, 106, as also in three cases in one house, to which we were called in consultation, in a most malarious spot, (cases which are not noted in these tables.) The

attending physician considered them milksickness, and there certainly were present the thirst, burning at the stomach, restlessness, torpor of bowels, and black foetid stools, when stools were obtained, usual in that disease. But still we consider they really belonged to the class of periodic fevers, and were but varieties of congestive fever. (*Query*—is milksickness anything else?) Also, in another case, occurring on the 4th of Sept., and which was the prelude stage of case 76, which was undoubtedly a malignant case of congestive fever, there were the burning in the œsophagus and stomach, thirst, black foetid stools, but there were also *sweat* and diarrhoea.

As to the treatment of the cases recorded in the foregoing table, quinine was the sheet-anchor, but it was in almost all cases combined with morphine and extract of gentian, which we believe adds to the efficacy of the quinine. These were generally administered in the form of a pill, in the proportion, to an adult, of 6 or 7 grains of quinine to 3-10 of a grain of morphine, and about 3 grains of the gentian, given every six hours. We have a great objection to small doses and short intervals. In most cases we believe, especially with quinine, it produces much more excitement, and worries the patient much more, while the effect of the larger dose we think more efficient. In pernicious cases, larger doses were sometimes given, but the interval was generally the same. In such cases especially, we believe opium quite as important as quinine. Calomel, in doses of 5 or 6 grains, or its equivalent of blue mass was prescribed when the alvine discharges indicated a deficient intestinal and hepatic secretion. But we are no believers in the liver pathology, and always eschew the term bilious if we can. Where a purgative was needed we generally preferred castor oil and turpentine after the mercurial. But in a large portion of the cases no calomel or purgatives were given; light nourishing diet being always directed, and the tinct. of mur. of iron when convalescent. In regard to the use of mercury, it appeared to us that there was a peculiar proclivity among our patients to ptyalism, with the use of only small quantities of the medicine, which rendered great caution necessary in its administration. What this peculiarity depended upon, would be difficult to de-

termine. But it occurred to the writer, that, inasmuch as ptyalism is primarily an excited and congested state of the mucous membrane, and that congestion or want of proper capillary action appeared to be the tendency of the disease in question, that the mercury acted upon parts already in a condition of preparation for its own special effects. This may be all idle theorizing, but our attention was so often called to the subject during the sickness of last season, that we were naturally led to speculate on its cause. My colleague, Dr. Harris, informs me he also has noticed this peculiar liability to ptyalism. Dr. Nance, however, has, in his neighborhood, not observed any such tendency. We see it remarked by different writers that the disposition to diarrhœa (which since the first invasion of cholera has appeared to accompany more or less all our disorders) has, during the past season, disappeared. Dr. Haller states, that, in the neighborhood of Vandalia, they have had less diarrhœa and dysentery than usual—Dr. Nance relates, that there was much diarrhœa among children, though but *little* among adults: yet, Dr. McBane, residing at the south of the State, says it has been very prevalent for the past three years, and, from being complicated with hepatic derangement, is usually difficult to eradicate or control—and Dr. Harris, at Ottawa, (in the north,) says that dysentery in the summer months was quite common—and upon examining these tables it will be seen, that, of the cases where any note of the condition of the bowels is made, (and, where none was made, probably nothing peculiar presented,) diarrhœa occurred as a marked symptom in 43 cases; while torpor of the bowels was present in 25 cases. But assuming, as would be probable, that where no note of the presence of diarrhœa is made, that none existed, the testimony would stand only 43 cases of diarrhœa against 313 cases in which it was absent. That, in 13 cases, troublesome hemorrhage took place, sometimes in the form of epistaxis, sometimes from the bowels; while in one case, that of a female after recent delivery, uterine flooding came on with each chill, causing great exhaustion; and in another non-pregnant woman, menorrhagia accompanied the chills. Of the cases attended, 14 had been under quacks of one denomination or

another, generally Steamers or Eclectics, as they call themselves; and these cases were generally among the gravest and most protracted that we met with. As before remarked, in many cases, from the hurry of business, neither sex nor type were recorded; but of those that were noted the following are the proportions of each sex, of each type, for each month of each year:—

1855.	Cases of Quotidian.	Cases of Tertian.	Cases of Quartan.	Males.	Females.
January,	2	2		2	2
February,					2
March,	1				1
April,	3	1 double			4
May,	1			1	
June,	2				2
July,	10	7		7	10
August,	31	9		19	21
September,	37	18		37	28
October,	63	22		45	41
November,	19	13	2	11	18
December,	5	4		8	8
1856.					
January,	1	2		4	3
February,	2	4	1	5	7
March,	5	8		10	8
April,	5	1		9	4
May,	1	1 double	1	2	2
	188	92	4	160	160

From this it will appear, that, of 284 cases in which the type was recorded, 188, were quotidian, and 92 tertian; or within a fraction 2 quotidian to 1 tertian, and only four of the quartan type; among these was one case of double quotidian, two cases of double tertian, and one case of double quartan. That of the cases in which sex is recorded, there were exactly the same

number of males as females; that Sept. and Oct. supplied the largest number of cases, Aug. coming next in rank, and Nov. fourth; that of the ten gravest cases, Nos. 24, 25, 32, 38, 54, 58, 69, 76, 135, 186, were of the intermittent type, and two only of those, whereof the types have been recorded, or were developed, were remittent from the first. Cases 54, 55, 56, and 186, simulated cholera in many particulars, and were all in individuals residing in the midst of low alluvial lands, subject to overflow at high water.

One singular feature presents itself in reference to the localities of this endemic. Generally the most malignant as well as the greatest number of cases, occur in the low or bottom lands; but, during the past summer, as far as we have been able to ascertain, the river bottoms have suffered least. It appears, indeed, to use the words of Dr. Payne, that "last season the order of things was reversed—there was comparative immunity in the bottoms, but almost universal sickness on the hills." Such was emphatically the case in our own neighborhood. We presume this can be explained only by referring to the previous summer, which had so dessicated the hills that the partial rains and snows of the succeeding winter had never really moistened and cooled them, so that, when the constant showers of last summer fell upon them, instead of being absorbed the heated and hardened sub-soil sent it up in vapor. The effects upon vegetation confirm this view, for contrary to expectation and to the usual effects of a wet summer, the low, wet lands yielded the best crops, the hills in many places being really, notwithstanding the rains, too dry.

In this connection, I insert a
 METEOROLOGICAL RECORD, FOR 1855, KEPT BY DR. J. O. HARRIS,
 OF OTTAWA.

1855.	Max. Temperature.	Min. Temperature.	Max. Mean Temp.	Min. Mean Temp.	Monthly Mean Temp.	No. of Rain Storms.	No. of Snow Storms.	DISEASES TREATED.
Jan.	62	8	53.33	1.33	25.09	3	4	pneumonia.
Feb.	44	7	36	2.66	18.07	4	10	phthisis, croup, pharyngitis.
Mar.	57	1	45	12.66	32.68	1	5	" " pneumonia.
April	91	22	78.66	31.33	55.12	8		erysipelas, croup, pneumo- nia, neuralgia.
May,	96	41	84.66	47.67	63.16	9		remittent fever, phthisis.
June,	94	44	88.33	50.66	69.45	10		" intermittents.
July,	95	58	86.33	65	74.13	9		" "
Aug.	93	55	84	58.33	70.74	10		insanity, remittent fever, intermittents, dysentery, cholera infantum.
Sept.	88	45	78.33	53.66	67.92	12		insanity, remittent fever, intermittents, dysentery, cholera infantum.
Oct.	78	22	66	36	49.07	5		pneumonia, phthisis, remit- tent fever, intermittents, and diarrhœa.
Nov.	48	18	42.66	20	34.50	2	1	pneumonia, phthisis, remit- tent fever, intermittents, and diarrhœa.
Dec.	63	10	53	3	25 88	5	3	intermittent fever, remittent fever, pneumonia, neural- gia.

There fell 44 inches of snow; did not keep a rain-gauge till this year.

The mean temperature at Ottawa for the last three years has been as follows: for 1853, 50.73; 1854, 52.05; 1855, 48.87. The mean for the *last three years united*, 50.55. The observations were made at the hours of 7 A. M., and 2 and 9 P. M.

We trust we have made no errors in copying this interesting table, but we would suggest to gentlemen that when they write for publication, they should be careful to write clearly.

From fevers of a periodic type we naturally turn our attention to that form of fever which, by many, is said to be superseding them, and in regard to which your committee had hoped, as before stated, to have received contributions from different parts, sufficient to throw some light upon the vexed question, of whether typhoid fever is a disease, *sui generis*, or only, as asserted by many, a peculiar condition or grade of periodic fever: the grade or condition being the result of previous causes influencing the constitutional tone of the individual attacked, or in other words, so modifying the vital susceptibility of the body as to cause a different manifestation of effects. Much as nitrate of potash, under different external conditions, may act as a refrigerant, a diuretic, or a diaphoretic, or, as indeed, many other agents change the mode of manifesting their effects under different conditions of impressibility of the tissues of the body.

On this side of the question appears one of this committee, Dr. J. O. Harris, who says, speaking of the neighborhood of Ottawa, that all the cases *called* typhoid, that "I have seen have invariably lacked the characteristic features of those diseases. Our fevers (as I view the matter) gradually assume a graver type from September to January, but *always* present unmistakable evidences of intermittent or remittent fever, and usually yield wholly or in part to the use of quinine or its equivalents. When treated according to the views above expressed, they usually recover, but when treated as typhus or typhoid, more than one-half die." But Dr. H. gives the name of the disease and the *opinions formed* of what was seen, but does not supply the detail of the symptoms, of what existed, or the evidence by which alone it appears to us this question of identity can be settled.

It does not appear to your committee that the question of most importance to us at this time, is, whether there is such a disease as typhoid fever, according to the description of systematic authors. But whether *we* have such a disease among ourselves in this State, or whether those who, in a different part of the State, speak or write of a disease by that name, speak of the same assemblage of symptoms.

Now, among our correspondents, Dr. Vincenz says, "To my knowledge there occurred not a single case of typhoid fever." Dr. Haller, of Vandalia, does not so much as name typhoid fever among the sickness that has occurred in his neighborhood. Dr. Payne, of Marshall, describes among the complications of remittent fever, cases where typhoid symptoms supervened, and the treatment required, he says, corresponded very nearly with the directions of Dr. Wood, in his article on "Enteric or Typhoid Fever," while the symptoms certainly were very similar. But these cases began as intermittent or remittent fevers.

Again, Dr. Payne, says "*True typhoid fever* is not a very common disease with us. I have seen several cases during a residence of three years, which have answered well to the descriptions of Drs. Wood and Bartlett;" and as to treatment, he coincides with Dr. Nance, of Lafayette, who remarks, that "if a mild course of treatment is pursued, more reliance is placed on turpentine than any other one remedy. The disease is rather regarded as a self limited disease, and consequently an expectant plan of treatment used." But Dr. Payne does not give the initial symptoms—he does not say how it began. And this, we think, is the question at issue, viz.: whether, as Dr. Davis describes it, the disease begins slowly and insidiously, or whether it begins with chills or shiverings, &c., and afterwards takes on those typhoid symptoms, which, we believe, will be found to be the case with more than one-half the cases described as typhoid.

Dr. Wood, in his Practice, says, "This disease sometimes begins abruptly by a chill, followed by the usual symptoms of fever; but as it occurs in this country, it more frequently comes on insidiously, and increases gradually, so that it is often impossible to fix the precise point of commencement." Now the latter, we suppose, is how it commences in Philadelphia. The mode by chill, as described in the first part of the sentence, the mode in which it commences in some other countries, Europe, for example. The mode as described by Dr. Davis, that of its commencement in Chicago, and from the description of typhoid fever given by Dr. Hathwell, of Cass County, and published in the Report on Practical Medicine to this Society, in 1851. It

began in Virginia and Princeton, in Cass County, with "an universal degree of languor, restlessness, attended with lowness of spirits, pain in the back, general weakness, deep sighing, soreness of the muscles, precordial uneasiness, difficult respiration, nausea, *cold clammy sweats*, emitting an unpleasant odor, a constant craving for water, which the stomach rejects." Dr. Davis states, *North-Western Journal*, Nov., 1853, page 429, "when he does take to his bed, his *skin is dry*, but only moderately hot." That all the secretions are suspended, "except from the mucous membrane of the ilium." Now, how are we to reconcile all these diversities, not of name only, but of description? Yet Dr. Nance, of Stark County, speaks of typhoid fever as a something definitely and fully established among them for years. We much wish he had extended his copious and valuable letter a little further, and given us in detail the *symptoms and beginnings*. He says, "Typhoid fever occurred here quite malignantly in the year 1848, and during that year and 1849 it seemed to be difficult to manage it. Since that time, the type has been milder and it is managed with much better success." Now we *presume* Dr. Nance *speaks* of a disease such as Dr. Davis, of Chicago, describes as above referred to, thus: "But the typhoid fever, as occurs here, almost invariably steals upon its victim slowly. He first feels dull and indisposed to active mental or physical exertion, his head feels dull, slightly aches, or feels as if bound up tight, he has wandering pains in his back and limbs, occasional liquid discharges from his bowels, his appetite is variable, and his sleep often disturbed. These symptoms gradually increase for one or two weeks before the patient finally gives up and takes to his bed; and when he does so, his *skin is dry*, but moderately hot, his pulse is only 85 to 100, and less forcible than natural, his tongue is covered with a thick dirty white fur, and red along the edges, his intellect is dull and disposed to wander when he is sleeping; all his secretions are diminished, except from the mucous membrane of the ilium, which generally gives rise to from one to six thin evacuations per day; the capillary circulation upon the surface is sluggish, in a word, all the organic actions are like the mind of the patient, dull and indifferent."

Now, in comparing what we *suppose* to be Dr. Nance's account with Dr. Hathwell's, it should be borne in mind Dr. Nance speaks of typhoid fever first becoming endemic among them as in 1848: and Dr. Hathwell, whose description we transcribed above, says it began in Cass County in 1847. Now, the description by Dr. Davis is very graphic, and doubtless accurately true of what he sees; but is it a description of what the term typhoid fever is generally applied to by writers in the West? We suspect not—for ourselves, we must acknowledge that such cases are rare in our experience. We suspect that the symptoms of the following case, extracted from the notes of the Chairman of this Committee, will more fully illustrate the *more legitimate* of the cases usually denominated typhoid fever in the West:—23d January, H. A., aged 18, brunette, been healthy, but has been ailing for several days; has taken Wright's pills, blue pills, castor oil, &c.; has slight chilly feelings, with remitting fever; pulse 100 and quick, but soft and compressible; tongue clean, has abdominal and epigastric tenderness, stools frequent, mere yellow grainy water, feet cold and damp, sweats a little at times. 24th. Pulse quick and variable, eyes somewhat injected, slight headache, tongue as before, less tenderness over abdomen, no stool, anorexia, in night felt a little chilly, in morning had more fever, which continued till 2 P.M., is very sensitive to light and noise. On 26th had remitting fever all day; took oil, and it brought dark, feculent, but liquid stools; pulse 100, small, quick, and soft; tongue as before, headache, face dusky, tenderness in right hypochondrium, urine scanty, has slight sweats at times, face is often flushed, is feeble, dull and indifferent, has abdominal pulsations. These symptoms, with delirium in her sleep, the small watery stools, flushings of the face, almost constant headache, anorexia, and dull indifference, continued till first February, when some slight pneumonic symptoms supervened, but which, during the intensely cold weather, in a not very tight room, might very naturally occur. On 2d February the abdomen was rather tense; but by the 11th she was almost convalescent, when she eat a small piece of ham, and all the symptoms returned, with dry tongue, diarrhoea, and tenderness in right iliac region, which, with amend-

ments and relapses, continued till 8th March, when she recovered. We have omitted to state, that, about one week after taking sick, there were eight small red spots on the lower part of the chest, and that twice during her sickness she had epistaxis, and once dark red blood was noticed in her stools. Now, in this case, quinine did not manifest its usual powers, and we had generally to avoid it, only the mildest medicines could be used; a single blue pill would sometimes purge, in fact to prescribe for symptoms, was generally all that seemed admissible. Yet this was distinctly a remitting fever. Will this be classed as typhoid fever? We expect not—yet we believe it had many more of the characteristics ascribed to that disease than most which, at any rate in the southern part of the State, are described by that name.

But do not these diverse descriptions of the disease under consideration suggest some such ideas as these: that, what is called typhoid fever, is a *condition, and not an entity*; that it manifests itself as the *result* of a certain depressed condition of the vital powers, *sometimes* the results of the slow operation of external morbid causes of no great concentration, at other times more rapidly from a more concentrated cause, and again at other times as the results of disease, fever, for instance, of a remittent or a pneumonic kind; because the long continuance of the disease, or the power of the cause giving rise to that fever, has produced just the same depressed vital condition which unwholesome air or insufficient food do in other cases, and by perhaps a slower and more insidious course. Viewed thus, as a condition, we can easily explain its diversities of manifestation. We but suggest these ideas for reflection; *we* have no satisfactory faith on the subject, and should feel indeed glad to see this discrepancy removed. But we cannot close our remarks on typhoid fever better than by again quoting from Prof. Davis' article in the *North-Western Medical and Surgical Journal*, for Nov. 1853, page 428—that "Few diseases are susceptible of greater variation in their specific or individual characters than fevers, dysenteries, pneumonias, &c.: hence, to make the results of experience valuable to others, it is not sufficient merely to state the medicines given and the proportion of

recoveries, *but enough of the actual symptoms must be stated to enable each reader to compare the character of the disease treated with cases of the same class in his own field of practice.*" [The italics are ours.]

[To be concluded in our next issue.]

Extra-Uterine Pregnancy of Four Years' Standing, the patient in the interim being twice delivered of a healthy living child. By A. W. HEISE, M.D., of Addison, Ill.

In November, 1855, I was called to visit Mrs. Yungels, residing one mile east of Aurora, and thirty miles west of this place. Upon my arrival I found the patient, a woman of robust constitution, 36 years of age, to have been 10 days since delivered of a healthy male child. The three or four days following delivery she was quite well, since which time she has had a chill every day, followed by fever and profuse perspiration. Has had the usual lochial discharge, but no secretion of milk; pulse 100 to 110; tongue red, dry, and hard; no appetite. On applying my hand to the abdomen, which is painful and irritable, I find an enlargement resembling a hard tumor, which is moveable and not connected with the integuments, commencing in the umbilical region about three inches above the umbilicus, extending downward parallel with the linea alba to the os pubes, filling $\frac{3}{4}$ of the lumbar and iliac region of the right side. Left of the linea alba it seems to be perfectly free from any morbid growth. Examination per vag. shows the uterus in situ, contracted; the os uteri somewhat enlarged, hot, dry, and painful; vagina natural. By moving the uterus and placing the other hand over the tumor, the motion of uterus affects the tumor, and *vice versa*.

Upon inquiry I was informed, that four years since, the patient supposed herself pregnant, experiencing the usual symptoms attendant upon gestation for a period of 10 months, during which time the abdomen constantly enlarged, particularly the right side, which was hard and painful, rendering her unable to lie upon it after the third month. At the end of 10 months labor commenced, and a midwife was summoned, who after expressing her fears that the child did not "lay right,"

declared it was yet out of her reach, the os uteri not at all dilated, would not be delivered yet, &c.

Bearing-down pains however increased, and were finally relieved by a discharge of a large quantity of watery matter, having the appearance of beef brine, followed by coagulated blood. This not only very much relieved the patient, but diminished the size of the abdomen, and the midwife assured her she had suffered only from obstructed menstruation, and would soon recover. The abdomen gradually decreased in size for the space of three weeks, when the lochial discharge ceased, and with it the diminishing of the bowels, leaving still an enlargement of the right side which she was yet unable to lie upon.

Finding no alteration in the tumor from that time, four months afterwards she consulted a physician, who told her he could not ascertain the nature of the tumor; could do nothing for her without an operation, which, so long as she suffered so little pain, and it did not enlarge, he would not advise.

She soon became *enciente*, and in time was delivered of a large healthy child. Parturition was easy, and she soon regained her usual health, having experienced no unusual symptoms, with the exception of the total absence of any secretion of milk. The tumor had been painful during confinement, but otherwise retained its former appearance.

Eighteen months afterwards, she again became pregnant, and in November, 1855, was once more delivered of a healthy male child—both are now living.

Dr. Young, of Aurora, who attended her says, he observed nothing unusual in her case, did not notice any enlargement of the abdomen: called again, and discharged her as doing well.

On the 10th day after confinement I first saw the patient, and found her as above stated.

I prescribed those medicines which were indicated, directed emolient poultice to the abdomen, and left, with directions that if the patient did not improve, or there was any alteration in the tumor, to inform me. Thought the tumor might be an enlargement of the right ovary, and that when the irritation of the uterus subsided and the fever abated it would cease to be painful, and she might again enjoy her usual health.

Heard no more from her until May 5, 1856. I was summoned to see her again. I found her much emaciated, exhibiting a great degree of nervous excitability, pulse 90, small and irritable—has suffered much from pain since I saw her, having been constantly confined to her bed. The tumor at the umbilicus has ulcerated, and discharges a very offensive fluid. Through the orifice, which is nearly the size of a half dime, a bone has protruded, another now closes the opening.

The case was now plain, and I advised an immediate operation. Dr. Young, of Aurora was called to assist, and upon his arrival, requested to have his friend, Dr. Allaire, of Aurora, present.

Adhesion of the peritoneum had taken place around the orifice to the extent of from three to three and a half inches. I made an incision of about three inches towards the right lumbar region, and commenced at once to extract the bones. The flesh was decomposed, but the skeleton was perfect and was of the size of a foetus at the seventh month, though the bones appeared to have the firmness of two years' growth. Its extraction through the rather small orifice was tedious, in which Dr. Allaire very kindly and effectually assisted, Dr. Young, meantime, quieting the patient by administering chloroform. The bones of the head and pelvis were too large to pass through the incision, until they were severed by a strong pair of scissors. We succeeded in removing all the bones, together with a mass of semi-decomposed matter from the sac. The sac, which was formed of a grisly substance, and so hard as to almost resist the passing of the bistoury, seemed to have contracted close around the foetus, and evidently had performed the office of placenta and uterus, it being connected with the latter.

The wound was simply dressed with lint, a bandage applied, and the patient directed to lie in a position to facilitate the discharges. She was left under the care of Dr. Young, and up to May the 10th, was doing well.

SELECTIONS.

Annual Address of the President of the American Medical Association. By GEO. B. WOOD, M.D., Prof. &c., &c., of Philadelphia.

Custom demands, as one of the expiring duties of your presiding officer, that he should leave a legacy at least of good wishes, if not of something more valuable behind him. In compliance with this duty, I propose to say a few parting words, which, whatever else they may convey to you, will assuredly not interpret duly the sentiments of him who utters them, unless they make you sensible of his grateful and most kindly feelings towards his fellow-members, and of his zealous interest in the great objects of our Association.

The present is a suitable occasion for taking a survey of the Association; for looking around towards the boundaries of its labors, interests, and duties, and noting whether something may not present itself in the view, which may profitably occupy, for a few minutes, our serious and earnest attention. Let us first throw a comparative glance from the present backward to the past. Perhaps by so doing we may be better prepared to look forward intelligently into the future.

Have the hopes with which the Association set out in its mission of self-imposed duty been fulfilled? Has the loud call which it sent forth through the nation, startling the profession from its uneasy slumber, succeeded in awakening it thoroughly to a sense of its high responsibilities, and arousing a determined spirit of progress? Or has it died away in gradually-diminishing echoes, leaving but a drowsy memory of that spirit-stirring appeal? Have the annual gatherings of the elect of the profession, their joint deliberations in council, their various legislation, the practical inquiry set on foot or encouraged, not omitting their exploits at the festal board, and kindly interchange of thought and sentiment in social assemblage; have all these been without fruit? Have they been the mere course of a phantom ship through the ocean of human events, leaving no track in its passage, and bearing no freight onward to its destination?

Were we to listen to the clamors of opposition, the whisperings of discontent, or the murmured disappointment of an over-excited expectation, we might be disposed to give to these questions an unfavorable answer; to cease our struggles for an unattainable good; and with the wings of the spirit folded, and

its head drooping, to submit in sadness to an inexorable destiny, chaining us in submission to all present evils, and jealous even of a glance towards the higher and the better.

But, happily, such is not the voice of a clear and unbiassed judgment. It is true that the Association has not accomplished the whole of what it aimed at. Like all young things, conscious of a stirring life within, and feeling no limits to its yet untried powers, it hoped and strove beyond the possible; it struck in its soaring flight against the iron wall of circumstance, and for a time, at least, fell back, stunned though not crushed, into humbler aims. Yet, even as regards medical education, which is the main point of failure, its efforts have not been all thrown away. Some advance, however small, has, I think, been already made; and bread, moreover, has been cast upon the waters to be found after many days.

But outside of this vexed subject, much, very much, has been accomplished. I will not appeal to the ponderous volumes of our Transactions. They speak for themselves. To say that there is no chaff among their solid contents, would be to say what is neither now nor ever has been true of any large book, with one solitary exception. But I believe that all present will join me in the opinion, that one who searches these records with a sincere and candid spirit will find in them much that is good; much that may warrant the self-congratulation of the Association for having originated, or called it forth.

But, whatever credit may be given to these living witnesses of our labors, one fact is evident, that the medical mind has been aroused; that the spirit of improvement has breathed upon the masses of the profession, and everywhere scattered germs, which are now developing, and will probably hereafter continue to develop, even in a still higher ratio, into earnest efforts for self-culture and general advancement.

Stagnation, in the moral as in the physical world, generates corruption. Agitation, though often in its extremes a cause of evil, and sometimes of unspeakable present wretchedness, generally purifies in the end, and, if restrained within due limits, is a source of unmingled good. The medical mind, anterior to the birth of this Association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to predominate. There was danger that the profession might sink to the level of a mere business. Noble aims; high aspirations; the general good; the spirit of self-sacrifice; these began to be looked on as wordy inflations. The great struggle seemed to be, in the teaching department, to gather pupils; in the practi-

cal, to gather patients: in both, to swell the pockets. Stagnation of the professional spirit was breeding noxious influence in its motionless depths. No wonder that quackery loomed upward as regular medicine began to sink. There was danger that the public might be able to see little difference between them; and the fact is, that the line of demarkation was not very distinct, even to the professional eye. They ran into each other, at their extremes, by quite insensible shades.

But the Association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the Association been given to the breeze, than they hastened to join its standard. From all quarters, and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils which had been usurping the sacred places of the profession. The mass of medical society was moved to its very depths. Hundreds upon hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was to reconquer, to purify, and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment; but was soon drowned in the overwhelming shouts of the masses, crying out, Onward! Onward! Even the advocates of the material principle, who could not raise their souls above the level of dollars and cents, found it expedient to chime in for a time with the almost universal voice; and to the enthusiastic it seemed as though a professional millenium was approaching. I need not follow the march of the crusade. I need not recall the varied experience which has but confirmed that of all other revolutionary uprisings, that, except under the influence of a power higher than human, which can regenerate the hearts of men, whatever temporary change may be made in the surface of things, in mere form and arrangement, it is only by the slow working of time that radical and lasting reforms can be effected. Who ever beheld a great nation made by a written constitution? We have had paper republics as thick as the leaves in Vallombrosa; but where, and what are they now? To make a great and free nation, the people must have the principles of greatness and freedom implanted in their hearts. So is it with lesser associations. It is vain to alter forms, unless the substance is altered too. The Association has discovered this truth. It no longer seeks to work miracles, but is content with following the methods of nature and providence. It has done a great thing in beginning the movement. It is doing what it can to further that movement, and to consolidate its results.

Who is there that has lived and observed through the last ten or fifteen years, who cannot see that our profession has been moving onward and upward since its great awakening; perhaps slowly, perhaps now and then halting, but on the whole advancing, and with an irresistible force, because it is that of the mass. It is not now a few leaders who are kindling by their own enthusiasm a feeble and temporary blaze of excitement in the multitude; dragging them forward as with cords by their own strong zeal and fiery spirit; it is the inborn soul which is animating the great body, and carrying it forward in its legitimate course.

Had the Association done nothing else, I will not say than originating, but even than aiding and concentrating this rising up of the profession, it would have performed a service entitling it to everlasting gratitude, and to an imperishable name in the medical annals of our country.

A great benefit conferred on the profession by the Association, was the preparation and adoption of a code of medical ethics. I need not say to *you*, that this code is merely an expression of the great principles of truth, justice, and honor, in their application to the relations of physicians to one another, their patients, and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of every man possessed of a good heart, a sound judgment, and correct moral principle. Should any one find a repugnance to the observance of its rules rising up within him, let him for a moment reflect, whether this may not spring from some evil source in himself; whether it may not be the result rather of an unwillingness to make what he may deem a sacrifice at their suggestion, than of a real conviction of their injustice or impropriety. Which is more likely to be true; the unbiassed and unselfish judgment of the wisest and most experienced in the profession, or an individual decision which may at least be suspected of a selfish basis, and of which no man, if his interests or his feelings are in any degree involved, can say that it is quite pure; for no man can judge impartially in his own case. A becoming modesty would lead him to suspect that the fault might be in himself, and, a becoming spirit, to search into the depths of his own heart for the root of evil, and to pluck it out if discovered. I have no doubt that a full observance of these rules would tend more than any one thing else to maintain harmony in the profession and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies and supposed opposition of interests, which, probably beyond any other single cause,

expose the profession to obloquy and ridicule. A copy of the Code should be placed in the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them. Would it not be an object worthy of the attention of the Association to provide for such a distribution; at least by the publication of a large edition of the Code, to put it in the power of individuals or societies, who might be disposed to engage in this work of beneficence, to do so with as little cost to themselves as possible? I do honestly believe, that, to a young physician, going forth into a life full of moral conflicts, the wearing of this ægis would be one of his surest defences; that, next to the holy Scriptures and the grace of God, it would serve most effectually to guard him from evil.

Not one of the least advantages of the Association is, that, representing as it may be said to do the medical profession of the country, its voice, when nearly or quite unanimous, will be considered as that of the whole medical body, and thus have weight both in the community at large, and in the legislative councils of the nation. It is only thus that the profession can make their special opinions and wishes known and felt. I have been told that the representations of the Association had much weight in determining a satisfactory arrangement of the question respecting the relative rank of the surgeons in the navy. It is to be presumed that the patriotic physician, who brought before Congress the memorable measure for establishing a general inspection of imported drugs, was materially aided in carrying it through by the approving voice of the profession speaking in the memorial from this body. On another occasion you were heard, through your resolutions, pleading in the halls of Congress in favor of a great measure of honesty and justice, when you petitioned for an international copyright law between the United States and Great Britain; and, should such a law ever be passed, it will not be claiming too much for the Association to say that it will have contributed to that result. Your resolutions, from time to time, in advocacy of a system of registration of births, deaths, &c., have probably also added something to the mass of influence which has brought legislation to bear on this most important subject, though, it must be acknowledged, hitherto but very partially, and, with some honorable exceptions, ineffectually.

There is one other view of the beneficial influence of our great gatherings which I cannot pass unnoticed.

The effect of isolation is well-known in breeding excessive self-respect, distrust of others, and narrow, selfish, and sectional views and feelings. Man is naturally gregarious; and it is only in association that his nature can receive its full development; that the seeds of the better qualities within him can be made to germinate, and the qualities themselves to grow up, under culture, into their just magnitude and proportions.

Our Association brings together many who would otherwise never meet, from sections remote from each other, and differing much in views, habits, and feelings. We come, partly at least, for relaxation from the cares and toils of business, prepared and desirous to be pleased. Each one naturally, and without design, turns out the fairest side of his character, "his silver lining to the sun;" and all, consequently, make and receive favorable and kindly impressions. Each place selected for our meetings feels its character for hospitality involved in the reception of its guests, and every effort is made to extend all proper courtesies and kindnesses to the assembled representatives of the profession. In parting, therefore, we carry with us friendly remembrances of one another, and of the place of assemblage, to our several far-separated homes. These remembrances serve as so many cords not only to bind the members of the profession together in one harmonious whole, but also, intertwined with other similar agencies, to counteract the centrifugal tendencies of our political system, and to keep it moving onward, each part in its due place, in that majestic course which, while shedding beneficent influences throughout its own great circle, attracts the admiring and hopeful gaze of humanity everywhere.

Having thus hastily scanned the present and past of the Association let us turn our thoughts briefly towards the future. A few words will convey all that I have to address to your attention.

It seems to me that experience should have taught us this one lesson; not to aim at once at sweeping changes, but, having determined what great objects are desirable, to keep these always in view, and, by the persevering use of such influences as may be at our command, securing one point in advance, before hastening to another, to move on slowly but steadily to our ends. These must ever be the improvement of the profession itself, the advancement of medical science, and the promotion of the public good, so far as that may, in any degree, be connected with our special pursuit. Each of these three points requires a brief notice.

In the improvement of the profession, the Association has

from its foundation recognized, as an essential element of success, a higher degree of qualification in those who are to become its members. But for the attainment of this object they can use no coercive measures. The only power they can exercise is that of opinion. Our only appeal is to the judgment and conscience of those concerned. But much may in time be done in this way. It is impossible that intelligent and honorable individuals, possessed of that share of conscientiousness which belongs to most men, and is certainly not deficient in our profession, should long resist such appeals, proceeding from a source so worthy of respect as this. Let us reiterate, from time to time, our convictions of the necessity for improved preparatory education, for a longer devotion to the proper studies of the profession, for a junction of clinical with a didactic instruction, and finally for something more than a mere nominal examination before admission to the honor of the doctorate, or the privileges of a license to practice; points which have ever been insisted on by the association; let us, I say, reiterate these convictions; and like slowly dropping water, they will at length, however gradually, wear their way through the hardest incrustation of prejudice, interest, indolence, or indifference, and reach the conscience with irresistible effect. While bringing to bear upon this resistance, the considerations of reason, duty, honor, and even an enlightened self-interest, we must carefully avoid all violence of procedure, as likely only to add the hostility of passion to other opposing influences. By this course universal opinion will be gradually conciliated; and interest itself will find its own ends best promoted by compliance with the general will. Already some advance has been gained in this direction; and the Association, by perseverance, may yet see all reasonable wishes accomplished.

In relation to other measures for elevating the character and increasing the efficiency of the profession, there appears to me nothing more at present for the Association to do, than to go on as it has begun. Its continued existence alone is a great good; for it is annually bringing large numbers, simply through membership in its body, to participate in its feelings, and to acknowledge its obligations. Let us then maintain unshrinkingly the standard of professional honor and morals that we have erected, and decline association with those who will not recognize that standard, or having recognized, abandon it. Let us adhere unswervingly to the line which has been drawn between regular and irregular medicine, and treat the practitioners of the latter with the silent disregard they merit. This is the only course for the regular practitioner. To wage a war of words with

quackery, is to do what it most delights in. It would be to contend, under the government of honor and principle, with antagonists who acknowledge no such restraints. In our private intercourse with friends and patients, we may explain the grounds of difference between ourselves and the irregulars, may demonstrate the absurdity of their pretensions, the danger of their practice, and the iniquity of their conduct; in short, may endeavor to enlighten whatever light is acceptable, or can penetrate. We may even, if the public interest seem to require it, put forth refutations of false doctrine and assertion, and exposure of subterfuge, trickery, and imposture; but with the irregulars themselves we should enter into no relation, whether of friendship or hostility. I do not say that there may not be honorable and honest, though ignorant or bewildered, men among them. But we cannot discriminate. With the presumed advantages of their association, they must be content to take also the disgrace.

There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a sect of irregular practitioners who have taken to themselves the title of *Homœopathists*; the latter term signifying that its professors treat disease by influences similar in their effects to the disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered, that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession, and their own scheme, upon a similar basis. They practised on one principle, we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective; that we did sometimes cure our patients; but theirs was sounder in theory and more successful in practice. Now, by recognizing the name, we necessarily recognize the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge, upon the grounds of relative success. Diseases often get well of themselves, if left alone. The genuine homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray, especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally averse to the task of forcing it down the reluctant throats of their children. But we are *not* allopathists. The

regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge, in reference to the cure of disease, wherever we can find it, and, in our search, are bound by no other limits than those of truth and honor. We should not hesitate to receive it from the homœopathists, had they any to offer. We would pick it up from the filthiest common-sewer of quackery; for, like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling, even from the kennel. This is the light in which the medical profession should present itself to the community. We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge; and we stand pledged before them to extend our knowledge and increase our skill, as far as may lie in our power. Membership in our honorable profession is the proof we offer, that we are no false pretenders, no interested deceivers; but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate ourselves as *allopathists*, they may well ask, in what, are you better than any other medical sect, than the *homœopathists*, the *hydropathists*, the *Thomsonians*, the *eclectics*? Let us discard, therefore, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriate and offensive, and that the use of it in future would be contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say again, we are not *allopathists*; we are simply *regular practitioners of medicine*, claiming to be honest and honorable—in other words, to be gentlemen.

The efficiency of our profession is to be increased not only by increasing its qualifications, but also by all upright measures calculated to win the public confidence; and thus widen the field of our operations. In this respect, I do not know that the Association can do better than to persevere as it has begun; and, by the propriety and dignity with which it conducts its own proceedings, to show to the world the high influences under which the profession acts, and demonstrate that it possesses those qualities of self-government, so useful to the medical practitioner, and so characteristic of the gentleman in all his relations.

The improvement of the *science* of medicine, has always been a favorite object of the Association. The appointment of committees to investigate and report on certain stated subjects, the

reception of voluntary communications, the offering of prizes to competing contributors, and the publication of our Transactions annually, are the means employed for this purpose, and I have nothing better to suggest.

The remaining point for consideration, is the promotion of the public good. Happily, such is the nature of our profession, that the more we improve ourselves, the better do we fulfil this great duty. But there is something else to be done. There are certain great interests of the community, relating to their health, of which medical men are the only good judges, and the various influences affecting which, they only can duly appreciate. Upon these points it is our duty to be ever on the watch, and not only like faithful sentinels, to give notice of danger, but, like heaven-appointed agents, as we are, to use our best efforts and influence to prevent or remove it, and, in every practicable way, to guard the public health.

To the establishment of a general system of registration throughout the country, our attention has already been given. We should not relax our efforts, until the great end has been accomplished.

There is another subject deserving of our most serious consideration. You are all aware what advances have recently been made by the small-pox in many parts of our country. Thousands are perishing annually, for whose deaths we are, as a profession, in some degree accountable. There is no occasion for this mortality. Vaccination and revaccination, duly performed, and under proper circumstances, are, I will not say an absolutely certain, but a very nearly certain, safeguard. I have never known of death from small-pox, after an efficient revaccination; and only one instance of the occurrence of varioloid. But the profession and the community have both been too careless upon this point. Food for the pestilence has been allowed to accumulate; and it has been rioting with fearful results in many parts of our country. The profession should rouse itself from this apathy, and warn the community everywhere of the danger, while offering them the means of security. We may be accused of self-interest in urging this measure of precaution; as our own instrumentality may be necessary, and must be compensated where the means exist. But a moment's reflection must convince the most stupid, that it would be much more to our pecuniary interest to attend a protracted case of small-pox, than to perform a trifling operation, which is to prevent it. There are, however, many occasions, in which it is necessary to do our duty at the risk of obloquy; and this is one.

But, perhaps, I have been somewhat unjust to the profession.

The people have, in many places, and probably in some degree in almost all, chosen other guardians of their health and rejected our offered aid. It has happened to me to become acquainted with one neighborhood in which small-pox has recently prevailed; but not a single case occurred within the circuit of the regular physician's practice. Those families only suffered who had entrusted the care of their health to an empiric, who, for aught I know, may have been ignorant alike of small-pox and of vaccination. It is highly probable that many of those who now hear me could give a similar account of their own neighborhoods. The public should take this subject into their hands. Provision should be made, with legislative sanction, for universal vaccination. If the evil were confined exclusively to the negligent individual, the public might possibly have no right to interfere. But whole communities suffer, and Government may and ought to step in for their protection. A man is prohibited by law from setting fire to his own house, because a neighbor's may suffer. Which is the greater evil, that our house should burn, or our families perish with small-pox? It might be impossible in this country to establish a system of compulsory vaccination; but legislation might go far towards attaining the same end without this obnoxious feature. Time, however, does not permit me to follow this interesting subject in all its ramifications. I must content myself with having introduced it to your notice. If the profession can do nothing more, they can at least raise a warning voice everywhere; and this will be doing much.

I must close with begging you to excuse the length into which I have been drawn in the discussion of the important points that have engaged our attention. I intended to be very brief; but few men, when they have taken their pen in hand, can say to the flowing tide of their thoughts, "thus far shalt thou go, and no further." Allow me, in a few parting words, to thank you warmly for your attention, and to express the hope that our labors, during the present session, may tend to confirm the good that has been done, and to carry us still further onward in the great road of progress; so that, hereafter, the meeting at Detroit may be remembered as one, at which we may all be gratified and proud to have assisted.

EDITORIAL.

Our readers will require of us no apology for occupying so much space in this number of the *Journal* with the Report on Practical Medicine, read at the last meeting of the State Medical Society, by Dr. Samuel Thompson, of Albion. It is a document containing many valuable suggestions, not only of a practical nature, in reference to the prevalence and treatment of disease in the middle and southern portions of this State, but also in reference to modes of investigation, records of cases, &c. The remainder of the Report, together with the Annual Address of the retiring President of the Society, will be *contained* in our next issue. If these papers should cause some delay in the publication of Communications from our correspondents, they must excuse us, for their favors shall be attended to as early as practicable.

Graduates of Medical Colleges.

The whole number of graduates from the medical colleges of the United States, for the year 1856, is about 1,450. The following 18 schools stand highest on the list in the number of their graduates, viz.:

Jefferson Medical College,.....	215
University of Pennsylvania,.....	140
University of New York,.....	98
University of Nashville,.....	85
Medical College of South Carolina,.....	85
Medical College of Georgia,.....	73
University of Louisiana,.....	65
University of Louisville,.....	61
St. Louis Medical College,.....	50
Rush Medical College,.....	42
College of Physicians and Surgeons,.....	40
Cleveland Medical College,.....	38
Pennsylvania Medical College,.....	37
New York Medical College,.....	35
University of Michigan,.....	30
University of Missouri,.....	28
Massachusetts Medical College,.....	28
Philadelphia College of Medicine,.....	21